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APPLICANTS

Edwin L. Kinney, Anaheim, CA;

Thomas B. Curl, Vero Beach, FL;

** CONTINUING DATA *****

None s/n

** FOREIGN APPLICATIONS *****

None s/n

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** SMALL ENTITY **

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Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance		DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	Examiner's Signature _____ Initials _____	CA	6	16	3

ADDRESS

Nickolas E. Westman
 Westman, Champlin & Kelly
 Suite 1600
 900 Second Avenue South
 Minneapolis , MN
 55402-3319

TITLE

Horseshoe including carks

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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